

NOV 13 2003

Dkt. 0575/56614/JPW/AJM/CY

1635 \$

Applicant(s): Mercy M. Davidson

Serial No. : 09/604,876

Examiner: R. Schnizer

Filed : June 28, 2000

Group Art Unit: 1635

For : IMMORTALIZATION OF HUMAN POST-MITOTIC CELLS

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November 10, 2003

S I R:

Transmitted herewith is an amendment to the above identified application.

- Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED	X	RATE		FEE	
						SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	7	-	19	= 0	X	\$9	\$18	= \$0	\$0
Independent Claims	2	-	5	= 0	X	\$42	\$84	= \$0	\$0
Multiple Dependent Claim(s) Presented _____ Yes <input checked="" type="checkbox"/> No						\$140	\$280	= \$0	\$0
						TOTAL ADDITIONAL FEE \$0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter
Page Two

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

Please charge Deposit Account No. 03-3125 in the amount of \$_____. Three copies of this sheet is enclosed.

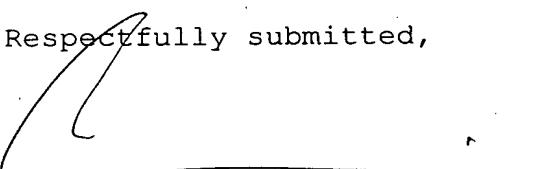
A check in the amount of \$ 655.00 is enclosed, for a \$475.00 fee for a three-month extension of time and \$180.00 fee for filing a Supplemental Information Disclosure Statement.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,


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I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450	
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Alan J. Morrison Reg. No. 37,399	